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DIVISION OF CRIMINAL JUSTICE

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Testimony of the Division of Criminal Justice

In Support of:

**S.B. No. 1340 (RAISED) AN ACT CONCERNING A COMPREHENSIVE PLAN TO
ERADICATE CHILDHOOD LEAD POISONING**

Presented by

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The Division of Criminal Justice supports in its entirety Raised Bill 1340, An Act Concerning a Comprehensive Plan to Eradicate Childhood Lead Poisoning. This legislation is required to implement key elements and recommendations of the State of Connecticut's federally mandated Plan to Eliminate Childhood Lead Poisoning in Connecticut by 2010.

The State of Connecticut Department of Public Health reports that lead poisoning is one of the most common pediatric health problems in our state today. Pediatric lead poisoning can take place when a child swallows or breathes in lead contaminated dust or materials, such as lead paint chips. Once lead poisoning occurs, damage to a child's health can be permanent. The direct effects of pediatric lead poisoning can include development of reading disabilities, attention deficit, hyperactivity and behavioral problems (Needleman 2004, Brown 2002). Lead poisoned children require ongoing special medical care and can require special education assistance. The indirect effects of pediatric lead poisoning relate not only to the child, but to many others in ways difficult to quantify. Of special interest to the Division of Criminal Justice are the recent studies which have shown that an estimated 10% of juvenile delinquency can be attributed to lead poisoning (Korfmacher 2003). Juvenile delinquents have been found to be five times more likely to have elevated levels of lead in their bones (Needleman 2002). The cost of juvenile delinquency to the people of Connecticut is extensive: Citizens are victims of criminal behavior, which leads to complaints to municipal or state police departments, which may lead to arrest, referral to court, associated placements in residential treatment, and lost taxable income. The state Department of Public Health's Plan to Eliminate Childhood Lead Poisoning in Connecticut

by 2010 is contained in Raised Bill 1340, and will work to eliminate pediatric poisoning in the first instance, thereby averting these resulting damages.

We respectfully highlight certain points of Raised Bill 1340:

- Raised Bill 1340 provides for universal screening of Connecticut children to detect elevated levels of lead. The Division of Criminal Justice fully supports this important measure as it is useful not only for early detection and medical treatment, but also for the prevention of further poisoning by the identification of the sources of lead hazards through the related investigations triggered by elevated lead level detection. Raised Bill 1340 also moves towards aligning Connecticut with the more stringent recommendations of the Center for Disease Control, by lowering the intervention level by the local director of health with a child poisoned by lead to 15mg/dl from the current 20mg/dl in certain confirmed cases; based on medical studies which show that even small amounts of lead in the body are unsafe.
- Lead-based paint hazards remain the primary source of lead poisoning exposure to children. The U.S. Centers for Disease Control and Prevention views that the comprehensive control of potential lead hazards in the housing stock is a key component in addressing the lead poisoning issue. Since lead paint was made illegal for residential use only in 1978, Connecticut's aging housing stock contains a significant amount of lead-based paint hazards. In fact, data shows that close to half of our housing stock was built before 1960. Owner occupied property is commonly well maintained, since the owner is both personally involved with and the beneficiary of good maintenance of the property. However, rental properties enormously vary in their maintenance by owners.
- Current Connecticut law states that paint in rental properties may not be in deteriorated condition; but there is no requirement, even in very aged housing, that deteriorated paint be corrected in a lead safe method, with the exception of when a property is under the order of a municipal director of health. Only a small percentage of housing ever gets under the direction of an order from a municipal director of health. As a result, lead hazards are often mismanaged, such as by removal of paint chips by an abrasive method like sanding, which frees lead dust and chips into the air and onto floors where a child can accidentally and easily be poisoned from it. Raised Bill 1340 establishes that deteriorated paint in residential rental property must be corrected using lead-safe work practices. These work practices are established methods in use by the U.S. Department of Housing and Urban Development, already in use on all federally subsidized housing in Connecticut. Raised Bill 1340 would also authorize the Department of Public Health to promulgate regulations to control abrasive paint removal from the exterior of buildings and structures that may contain lead-based paint. No such limitation exists under current law, and is needed to provide the commissioner and local directors of health with the ability to safeguard

the public from these uncontrolled and thereby unsafe methods of exterior lead paint removal, avoiding the kind of neighborhood contaminations that have occurred many times in Connecticut. Finally, Raised Bill 1340 also establishes a crucial lead safe account in the General Fund, for purpose of providing financial assistance and loans for the remediation or removal of lead from residential real property.

In closing, Raised Bill 1340 is the comprehensive focus Connecticut needs to reach the necessary and attainable goal of preventing pediatric lead poisoning in our state. The Division of Criminal Justice supports Raised Bill 1340 and would be pleased to provide any additional information or answer any questions the Public Health Committee may have.

Thank you.

Needleman, HL (2004). Lead Poisoning, *Annual Review of Medicine* 55: 209-22

Brown, MJ. (2002). Costs and Benefits of Enforcing Housing policies to Prevent Childhood Lead Poisoning. *Medical Decision Making*, 22 (6):482-92.

Needleman, HL et al (2002). Bone Lead Levels in Adjudicated Delinquents: A Case Control Study. *Neurotoxicology and Teratology* 24: 711-717.

Korfimacher KS (2003). Long-term costs of lead poisoning: how much can New York save by stopping lead? [http://www.afhh.org/aa/aa_state%20 local lead costs NYrep.pdf](http://www.afhh.org/aa/aa_state%20local%20lead%20costs%20NYrep.pdf)